



**MASSACHUSETTS REGISTRY OF MOTOR VEHICLES**  
**Medical Affairs Branch**  
PO Box 199100  
Roxbury, MA 02119-9100  
Telephone: (617) 351-9222  
**For Hand Deliveries:** 100 Nashua Street, Boston



## APPLICATION FOR DISABLED PLACARD/PLATE

THIS SIDE OF THE APPLICATION MUST BE COMPLETED IN THE DISABLED PERSON'S NAME

*Disabled person must be a Massachusetts resident*

**Please Print**

Last Name	First Name	MI
Address	City/Town	Zip Code
Date of Birth	Social Security Number	Telephone Number

### Disabled Person's License Information

License Number	Class	Expiration Date	Restrictions
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I am applying for the following type of plate or placard:

- Placard** Please include passport-sized photo (2" x 2"). Make sure your name, date of birth and social security number are written on the back of the photo.
- Plate** Only issued to individuals who have a vehicle registered in their name.
- DV Plate** Only issued to individuals who have a vehicle registered in their name. A letter from the Veteran's Administration stating your service connected disability must be submitted with this application.

### Important Customer Information

Incomplete applications will **not** be processed. A classification sheet is included with this application that will assist the certifying medical professional in completing the application.

This application must be submitted **within 30 days** of the medical professional's certification. You should allow for internal RMV processing time.

### FOR REGISTRY OF MOTOR VEHICLE USE ONLY

Approved \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Not Approved \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Reason Code: \_\_\_\_\_  
Comments: \_\_\_\_\_

**THIS SIDE OF THE APPLICATION MUST BE COMPLETED BY A MASSACHUSETTS LICENSED  
PHYSICIAN, CHIROPRACTOR OR NURSE PRACTITIONER**

***Please check which conditions, if any, accurately describe the customer applying for the permit:***

Cannot walk 200 feet without stopping to rest. Please state clinical diagnosis: \_\_\_\_\_

Cannot walk without the assistance of another person, prosthetic aid, or other assistive device. Please state clinical diagnosis: \_\_\_\_\_

Is restricted by lung disease to such a degree that the person's forced (respiratory) expiratory volume (FEV) in one second, when measured by spirometry is less than one liter.

Uses portable oxygen.

Has a Class III cardiac condition according to the standards set by the American Heart Association.  
(See Classification Guidelines)

Has a Class IV cardiac condition according to the standards set by the American Heart Association.  
(See Classification Guidelines) Customers in this classification **must** surrender their driver's license.

Has Class III or Class IV functional arthritis according to the standards set by the American Rheumatism Association, or Stage III or Stage IV anatomic arthritis according to the standards set by the American Rheumatism Association. (See Classification Guidelines)

Has been declared legally blind (please attach copy of certification). Customers in this classification **must** surrender their driver's license.

Has lost one or more limbs or permanently lost the use of one or more limbs. Please describe: \_\_\_\_\_

Please refer to attached guidelines

***Length of Disability:***

Condition is permanent

Condition is temporary – expected duration (in months) \_\_\_\_\_ (minimum 2 months, maximum 24 months)

***You must check one of the following statements in order for this application to be processed***

The customer applying for this permit is medically qualified to operate a motor vehicle safely.

Unable to determine ability: request competency road examination.

The customer applying for this permit is **not** medically qualified to operate a motor vehicle safely.

**MEDICAL PROFESSIONAL CERTIFICATION**

I hereby certify, under pains and penalties of perjury, that the customer applying for this permit is disabled with the condition(s) indicated above.

**Please Print**

\_\_\_\_\_  
Certifying Medical Professional's Name

\_\_\_\_\_  
Mass Board of Registration Number

\_\_\_\_\_  
Address (City/Town/State/Zip Code)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certifying Medical Professional's Signature

## CLASSIFICATION GUIDELINES

### ATTENTION Medical Professional

*Please use the following list to complete the application to the left:*

#### American Heart Association Functional Classification System

<b>Class I</b>	Patients with cardiac disease but without resulting limitations of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.
<b>Class II</b>	Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain.
<b>Class III</b>	Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary physical activity causes fatigue, palpitation, dyspnea or anginal pain.
<b>Class IV</b>	Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of cardiac insufficiency or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.

#### American Rheumatoid Arthritis Functional Classification System

<b>Class I</b>	Complete functional capacity with ability to carry on all usual duties without handicaps.
<b>Class II</b>	Functional capacity adequate to conduct normal activities despite handicap of discomfort or limited mobility of one or more joints.
<b>Class III</b>	Functional capacity adequate to perform only a few or none of the duties of usual occupation or of self-care.
<b>Class IV</b>	Largely or wholly incapacitated with patient bedridden or confined to wheelchair, permitting little or no self-care.

#### American Rheumatoid Arthritis Anatomic Classification System

<b>Stage I (early)</b>	<ol style="list-style-type: none"><li>1. No destructive changes on roentgenographic examination.</li><li>2. Roentgenologic evidence of osteoporosis may be present.</li></ol>
<b>Stage II (moderate)</b>	<ol style="list-style-type: none"><li>1. Roentgenologic evidence of osteoporosis, with or without slight subchondral bone destruction; slight cartilage destruction may be present.</li><li>2. No joint deformities, although limitation of joint mobility may be present.</li><li>3. Adjacent muscle atrophy.</li><li>4. Extraarticular soft tissue lesions, such as nodules and tenosynovitis maybe present.</li></ol>
<b>Stage III (severe)</b>	<ol style="list-style-type: none"><li>1. Roentgenologic evidence of cartilage and bone destruction, in addition to osteoporosis.</li><li>2. Joint deformity, such as subluxation, ulnar deviation, hyperextension, without fibrous or bony ankylosis.</li><li>3. Extensive muscle atrophy.</li><li>4. Extraarticular sof tissue lesions, such as nodules and tenosynovitis may be present.</li></ol>
<b>Stage IV (terminal)</b>	<ol style="list-style-type: none"><li>1. Fibrous or bony ankylosis.</li><li>2. Criteria of stage III.</li></ol>